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Medical Mission Work

IN

INDIA.

PERSONAL EXPERIENCES

BY

W. J. WANLESS, M. D.

MIRAJ, INDIA

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The Object of this Pamphlet.

“And the Lord said unto Moses, write this for a memorial in a book and rehearse it in the ears of Joshua,” Ex. 17: 14. The object of this command was plainly to strengthen the heart of God’s people Israel, and to encourage the heart of God’s servant Joshua. It was to be written for the encouragement of future generations, and rehearsed for the stimulation of holy activity in the then sojourning children of the promise. God is to-day making war with the Amalekites in India, while the church at home is by prayer staying up the hands of her representatives on the field of action. The missionary’s hand is often heavy, but he blesses God for the staying-up power of the faithful and persistent props of God’s praying children at home. It has been my privilege to belong to the little missionary army in India, and now for the encouragement of the helping Aaron and Hur in the home land and the glory of our Blessed Leader, I am led to write what I have already been privileged to rehearse in the ears of some of God’s people since coming home on furlough, in order that, if possible, their hearts may be encouraged by the recited victories, which God through their efforts is winning, as “He makes war with Amalek from generation to generation” in that still dark land.

Missionary Obstacles.

Before referring to personal experiences illustrating the influence and value of the medical mission work—the work in which I have been privileged to engage during the past five and a half years in Western India—I would like to refer briefly to

the chief obstacles which confront the missionaries of the cross in India, in their effort to make known Jesus as the only Saviour of men, especially since it is in overcoming these barriers to the spread of Christian truth that the medical mission is being abundantly blessed of God.

Practical Hinduism.

In Hinduism and its practice are included these chief obstacles. A religion should be judged by its fruits, rather than by its doctrines or philosophy. I want to say to begin with that Hinduism—Mohammedanism, too—as *practiced* and *seen* in India are not the Hinduism and Mohammedanism proclaimed and heard at the World's Congress of Religions. During these years in India I have had abundant opportunity to study the people in their every day life and religion. I have gone into hundreds of their homes, and have come into personal contact with them in almost numberless ways, not only as a physician but as a citizen, a friend, and laborer for and with them. Hinduism, as I have *seen* it in practice, consists largely of three things: I. The worship of idols of which there are three hundred and thirty millions in India. II. The keeping of festivals or feast days. III. Adherence to caste dictates and caste rules.

Idolatry and its Practice.

I. With reference to the worship of idols, it has been said that the Hindu does not worship the idol, but God in it. This is the argument only of the educated Hindu, when accused of idolatry (even now thousands of these very people try to apologize for their idols), but 90% of the people have no such idea. They worship and fear the piece of wood and stone they call their god, and having consecrated it, would not allow a Christian to lay hands on it, much less break it. Almost every implement that is a means of personal or pecuniary gain is an object of worship. Thus the carpenter and mason worship their tools, the cartsman his cart and bullocks, the children at school their books and slates, and so on, in addition to the worship of numberless other inanimate objects and animals. Images are found in every

Hindu home and in the court-yard of almost every Hindu dwelling. I know of a village with 1,300 inhabitants in which are over 100 public shrines.

Temples the Hot-beds of Vice.

Idolatry is the mainstay of the temples, and coupled with temple idolatry is licentiousness of the foulest kind. It is bad enough when a daughter goes astray of herself, but when in obedience to the teachings of the Hindu scriptures as taught and inculcated by the temple priests, the mother consecrates her child to temple harlotry from her birth, you have an example of the *fruits* of Hinduism. Listen to this. It is an extract from the "Hindu," a leading anglo-vernacular paper in India, and concerning the priestly teachers of Hinduism, it says: "Profoundly ignorant, as a class, and infinitely selfish, it is the mainstay of every unholy, immoral and cruel custom and superstition in our midst, from the wretched dancing girl, who insults the Deity by her existence, to the pining child-widow, every hair of whose head shall stand up against us who tolerate it in the Day of Judgment. And of such a priestly class our women are the ignorant tools and helpless dupes."

The Effects of a Degraded Priesthood.

No wonder the people revel in vice and invariably consider it perfectly proper to lie, bear false witness, or commit almost any sin and consider it justifiable in order to escape personal loss or punishment. No wonder a devout man worships idols all morning with one hand—so to put it—and the rest of the day takes bribes and defrauds with the other. No wonder the object of all religious devotion, so called, is personal gain, little caring who is the loser thereby. An educated Brahmin once came to me, and when asking me to give him a receipt for money which I never received, in order to secure the amount to be falsely stated in the receipt, and on hearing my refusal to comply with his request, said: "Doesn't the Bible say that it is right to lie in order to help a man out of the mud? Our Scripture does."

Verily the worship serves the creature more than the Creator.

Obscene Festivals Approved by Hindu Sacred Books.

II. Now concerning their festivals, they are too numerous to mention here; they are invariably associated with idolatrous practices, and frequently with the rankest vice and open shame. On one of these feast days the gods are supposed to be asleep, and worshipers' passions are therefore without restraint, hence any and every sin is perfectly proper. Speaking of this festival, one of their most modern sacred scriptures, the Dharm Sindhu, quotes approvingly from the Jotiruibandh which says: "Of the fifteen days from the fifth day of the bright half of the moon, to the fifth day of the dark half, ten are infinitely meritorious. During these days wood and cow-dung cakes should be stolen and kindled either in or outside the village with fire stolen from the house of a low caste man. The king having bathed and purified himself, should give gifts and light the Holi fire. In the same way the people should spend the night in pleasures, singing and dancing. Pronouncing obscene words, they should walk around the fire. By these obscene words, the sinful goddess, Dhundha, will be satisfied." In one place I know of, they dance around a temple for hours in the night, practically nude. The Dharm Sindhu adds that no sin is committed by these acts and words, and the philosophy of this as explained is that this goddess is a lover of sin, and therefore it must be right to appease her by that which is sinful. Not only do they "commit such things," but have pleasure in them that do them.

Caste the Masterpiece of Satan.

III. As to caste, with its 30,000 sects, it is well known that it is a great barrier to all true knowledge and human charity. It is Satan's masterpiece in India to prevent the spread and acceptance of the gospel. It teaches man to hate and despise his neighbor, while Christianity teaches man to love not only his neighbor but his enemy also. No wonder a prominent Hindu in Madras recently declared that the only hope for the depressed

classes of India is in Christianity, for, said he, "Hindu caste and religion are both contrary to the education and elevation of the lower classes." Caste confronts and prevents all true progress as well as missionary work in every form; not only in domestic but also in social and political life.

It is, briefly, a pernicious and malignant monster that for ages has woven into its iron meshes almost every phase of Hindu life. It is the hideous reptile that still holds India within its awful coil of darkness and wretched superstition, in the end only to cast forth her sons into eternal despair and death.

Effect of Caste—A Case.

I shall have occasion later to refer to caste, by way of illustrating the value of the Medical Mission. Just here I will conclude my reference to it by a case or two illustrating its effect upon education. A Christian boy was admitted to a government high school where the pupils were mostly Brahmin and high caste boys. The parents of the Hindu boys became very angry and threatened to remove all their boys from the school. They got up a petition to the educational inspector requesting the removal of the Christian boy from the school. The inspector refused their request, as there were none but caste reasons for the boy's dismissal. The parents then complained that the excessive bathing consequent upon the pollution caused by the presence of the Christian boy in the school was resulting in severe colds—the boys, meanwhile, took the opportunity to spend their time swimming in the river, of which they were excessively fond. Finally, when they found the inspector would not listen to their complaints, they carried out their threat and removed all their boys from the school. For a few days there were four Hindu teachers and one Christian boy. Some of the boys afterwards returned and the parents of others started a private school. The educational inspector then threatened to close the government school, whereupon all the boys returned and the private school was abandoned. The temple priests are the fathers and exponents of this wretched system. What

must the scholars be when these are their instructors?

A Loathsome Ceremony.

One of their Pundits of the World's Congress fame was himself made to go through the degrading ceremony of swallowing the five products of the cow after returning to India, in order to atone for the fictitious sin of visiting America, and by which to be restored to caste. The Brahmin priests of Miraj demanded three hundred dollars from a native doctor who had been to Europe, as their fee for the necessary cleansing ceremonies, such as the one in Mr. Chari's case.

The Aim of Medical Missions.

When I began the study of medicine, it was with the express understanding that, if in the Providence of God I should go to the foreign field, I should be first a missionary and secondly a physician. The physical needs of the world are great, and greater far in the heathen world than in the Christian world, but great as are the physical, the spiritual needs of the world are greater. The healing art is only second to the saving art, and the two go hand in hand, though the former must always be subservient.

"And Jesus went about all the cities and villages, teaching in their synagogues and preaching the gospel of the kingdom and healing every sickness and every disease among the people." Matt. 9: 35.

Our Lord's ministry was thus three-fold. He was Teacher, Preacher, Healer. His relation to the world as evangelist is our relation to the world as missionaries. As He was, so are we in the world. Christ is, then, in His own life and teaching, our authority for medical missions.

Christ the Ideal Physician.

Livingstone said "God had an only Son, and He was a physician." The purpose of all Christ's healing miracles was plainly to establish the Divine character of His life and mission and to prepare the heart and mind for the acceptance of His Divine message. This also is the aim of the Med-

ical Mission. Its purpose is not only to evangelize and to prepare the way for evangelization but to establish the Divine character of Christianity, of which it is a part. Healing the body is to go hand in hand with curing the soul. In other words, it is the "double cure."

Still further, we have His command to "Heal the sick," and the commission Christ gave to His disciples to "preach the Kingdom of God and to heal the sick" is none the less our commission, though God's natural medicines are used in lieu of the healing power possessed by the disciples. Such is the missionary physician's commission.

Beginning Work.

Arriving at Sangli in the Western India Mission of the Presbyterian Church, my wife—who had taken nurse training and who was my first helper in the work—and I decided that we would spend our first year, at least, wholly in the study of the language, and would begin no medical work until we had been a year on the field. Our second year would also be given largely to the acquisition of the language, though we anticipated *some* medical work after the first year. The sick heard of and anticipated our coming, and we were not on the ground eighteen hours until there were patients to treat. The first day half a dozen, the second day several more, and at the end of a week a score had begun to come daily for treatment. We declared that we had neither sufficient nor suitable medicine, a dispensary or the time to treat them. We treated the first few with some medicines which were at hand. But this little supply was wholly inadequate for even the first few dozens who came, and by the end of the first week we sent for a more extensive assortment of drugs with which to treat what we were pleased to term the simple cases that might incidentally come. We presumed that after the few who knew of our arrival had been cared for, we would then be able to confine our efforts to the language, treating now and then one who might come to the bungalow, and cases of sickness that might arise among the few Christian school boys and native Christians on the compound. As with

reference to other phases of the work during the first year or so, our judgment was premature, so here also we had a mistaken impression with reference to what we would do the first year.

Native Advertising.

A physician in India needs no newspaper to advertise him. Every patient successfully treated is a living and widespread advertiser of the doctor who is the means of his cure. Thus we found that the few who had come to us spread abroad the news of our presence in Sangli, and it was not long until multitudes began to come from all the regions round about Sangli, people afflicted with every manner of disease. They came at all hours of the day and often at night, and we soon realized that serious inroads were being made upon our time which should have been given to the study of the language. We could not now well turn the people away, many of whom were coming from distant villages, and our hearts went out to them in their distress, especially as we thought of Him who "had compassion on the multitudes," and we could not believe that were He there He would have turned them away.

A Dispensary Opened.

In order to economize our time we were obliged to open a dispensary and to plan a dispensary hour for their treatment. Accordingly for want of a more suitable place, a little dispensary was fitted up in one end of the school house on the compound. A bath room, 5x8 feet, with the addition of shelves made out of packing boxes, served as a compounding room, the domicile of my dear wife the dispenser. Another room, 8x12, with a table and chair, served as a consulting room. The open ground in front of the school was the waiting room. These ready, we began our regular work. The people now came in still larger numbers, and from still more remote villages. They would begin to arrive at daybreak and continue to come till ten, our hour for treating them. We had meanwhile secured a native Christian assistant as interpreter and medical helper. This assistant, aided by other native preachers, preached to and taught

the people while they gathered and while they waited for treatment. Scripture texts were pasted on their medicine bottles and tracts distributed among them.

Growth and Removal to Larger Premises.

Thus before we could speak to them we were able indirectly to preach to the people concerning their spiritual infirmities, at the same time helping their physical diseases. The work of preaching and healing was continued for several months in this way, when, as it still grew, it was found necessary, for various reasons, to remove to quarters at a distance from the boarding school. Pursuantly an old building in the city, with greater space, which had been used for a school, was fitted up. A new door and windows, a sink for washing purposes, rough shelving for bottles, packing boxes for cupboards, a cloth ceiling to protect us from the dust which blew in through the tile roof, and a curtain separating the consulting and compounding from the preaching and waiting room, with a few rude benches, completed the furnishing of these new (?) quarters. The work here now grew more rapidly than ever, and we soon found, in order to keep appointment with the pundit and the language, it was necessary often to turn people away asking them to come the next day. One day I noticed that a large number of the patients were from a certain district. On inquiring the cause, one of their number replied: "All the world comes here." People in India, not unlike those in America, "follow the crowd," and this was sufficient reason in this man's estimation, for the number of the sick who came from his district.

Permanent Location in Miraj.

At the end of two years, when we had acquired the language, it was decided by the Mission to permanently locate the medical work in Miraj, a city of 26,000 on the line of railway. Prior to our arrival on the field, the Mission had made unsuccessful efforts to secure a foothold in this city, owing on the one hand to the minority of the Miraj chief, and official opposition on the

other. A committee of the Mission was appointed to select a site for our work. I had the privilege of serving on this committee. In company with another brother we visited the place and walked around the city four miles, looking at various places more or less suitable. Finally having returned to our starting point we fixed there on a ten acre field contiguous with the city on two sides, entirely open on the other sides. It was on a prominent corner, high and within five minutes of the bazaar. In short, a site eminently suited in every respect to our proposed work and residence.

How a Site was Secured.

Eliot, the apostle to the Indians, has said: "Prayer and pains through faith in Jesus Christ will accomplish anything." We began to pray and negotiate for that field. And in six months it was in our possession. But there was one serious obstacle in our further progress which had now to be overcome. Having secured what we supposed was the entire field, we found on the very corner of it where we wanted to erect our hospital building was a lot 100 x 200 feet, and containing a dozen native houses. The land was the property of the state and the twelve houses the property of as many low caste natives. The funds for the erection of our new buildings—which were to consist of a general hospital, out door dispensary and chapel attached, and physician's residence, had been promised, and we were anxious to proceed at once with the opening of the station. But here was this land unsecured and the houses unremoved.

Providential Intervention.

In the Providence of God, the prime minister* of Miraj state, had, in the meantime put himself under my professional care, for the treatment of a chronic disease. Having found him friendly, and as familiarity between us increased, it occurred to me that he would be able to help us secure the houses and land. Accordingly, I solicited his aid. He promised to do what he could

* The head official of the state, next to the chief, with powers akin to that of a British commissioner.

to help us and I left the matter in his hands, thanking him for his interest in our case. The people occupying the houses were prejudiced concerning us and we knew would demand exorbitant prices for their houses, and the state officials we also knew, would, if possible, balk our plans. A few years previously Rev. Mr. Graham, in Sangli, had to make nine different purchases in order to obtain sufficient land on which to erect a small chapel, the negotiations lasting about two years. Here similar difficulties faced us. Having left the matter in the hands of the prime minister, and by prayer in the Lord's hands, I went with my family a few days later to another station of the mission to spend the hot season.

Obstacles Removed.

One month after the date just mentioned I returned to Miraj to give directions with reference to the digging of a well, when to my very agreeable surprise and great astonishment, as I drove up to the corner, I found that every house had been removed and put up in an adjoining part of the city, and when I came to settle with the prime minister, he handed me a clear title from the state for the land, and a bill amounting to only a little over two hundred dollars; the bill included the cost of the land, removal and re-erection of the native houses. Had we to deal with the house owners individually, and the state in addition, had it chosen to be unfriendly, the acquisition of this lot would probably have been delayed a couple of years if not indefinitely, and the cost in the end increased tenfold, to say nothing of the unpleasant experiences of having to negotiate with the dozen petty property owners—experiences familiar to nearly every missionary in India.

During the digging of the well, a former owner of the land sought to frustrate our purposes by daily threatening the workmen and interfering with the work, but God removed him from the earth in the very midst of his opposition.

Another who held a second mortgage on the field, tried also to prevent the digging for our foundations. He made the demand for a large

bonus in addition to the face value of his claim, and threatened legal proceedings unless we paid it. Of course we refused to recognize his unjust demand, and in the meantime I referred the matter to the prime minister, who again aided us by settling with the mortgagee through the kind offices of the state attorney, thus again saving us both time, trouble and money.

Official Recognition.

Shortly after returning from the other station and previous to the beginning of building operations, we received for all in our station at Sangli an invitation to attend the opening of a public water tank, which a wealthy banker in Miraj had built on the street adjoining his house, for the use of his own household and neighbors. A large tent had been pitched in the street opposite the draw tank, the ground carpeted, a dais erected, and the tent, together with the streets leading to it were decorated with flags and bunting. - A procession of state horses, camels and conveyances led the way to the tent. We (Miss Sherman, my wife and myself) arrived in a state carriage which had been sent for us and were given prominent seats among the state officials. The audience consisted of all the officers of the state and some from adjoining states, the leading citizens of the town and more than a thousand villagers. After the ceremony, which consisted of the turning on of the water by the Miraj chief, speeches were made by the donor and by the prime minister. The prime minister in his speech incidentally referred to and exhibited the plans of our proposed buildings, which I had brought over at his request. I have said *incidentally*, but as a matter of fact, in speaking of our proposed hospital, as another "most desirable improvement" to the city of Miraj, he said more regarding our then prospective work than he did of the tank, the opening of which we were assembled to witness. Thus was accorded us a public recognition and an invitation before all the state authorities to come to Miraj, and the influence of that recognition has never been lost in our work until this day. We were finally decorated with flowers and sent back to Sangli in the state con-

veyance, through the din and clatter of the crowded streets.

An Official Objector Won Over.

Previous to the last mentioned incident, the mamlatdar—a native official who had to do with the examination of titles for registration and who I found was a most unscrupulous and bigoted Hindu—was greatly opposed to mission work and our settlement in Miraj. He refused at first to certify to our purchase of the land though there was not the slightest occasion for so doing. Overhearing his remarks concerning us, I feared he would make determined efforts to frustrate our purpose. I immediately called upon my friend the prime minister, asking his aid in the matter. A note was written, while I waited, and despatched with a messenger to the mamlatdar's office in another part of the city, and in less than half an hour our title was on its way through the registrar's books. Shortly after we had moved to Miraj, this same official's son was taken sick with serious disease of the brain. A relative, the chief native doctor in the large adjoining state of Kolhapur, was called, and finding the boy delirious pronounced the case hopeless. In his extremity the father sent for the missionary physician. I went to his house, examined the boy, and stated that I believed the boy would recover under God's blessing and a change of treatment. Some simple remedies were prescribed, ice was telegraphed for and brought from a city seventy miles away, and the treatment begun. In a couple of days he recovered consciousness, and in three weeks was about almost as usual. A few days after the boy's recovery, one morning as I entered the temporary dispensary which we had opened in the Miraj bazaar, I found the old bigoted Brahmin listening attentively to the gospel from the lips of a native Christian, a man who had previously been a low caste and whose very shadow that Brahmin would have previously avoided. This mamlatdar subsequently brought us a gift of nearly half a month's pay in appreciation of what had been done for his son, and repeatedly afterward called me to treat other members of his high caste fam-

ily, most of whom have heard from us the gospel message. This man has ever since been one of our best friends, and has helped us in our work in several ways.

Building Difficulties and State Assistance.

Having secured the corner lot and the removal of the houses, we began, in course of time, preparation for the erection of our buildings. There now arose another serious difficulty with regard to building materials. There was only one quarry within reasonable distance from the city, from which to obtain building stone. There were others at a distance operated by private and petty contractors. This large one, with excellent stone, was owned and operated by the Miraj state. The advantages of securing this building stone from this quarry were at once apparent. But we apprehended difficulty since the stone quarried had always been used for state purposes only. Again I sought the aid of my patient and friend, the prime minister. A few days later he handed me a list of all the stones which the state agreed to furnish at greatly reduced rates. Forty extra workmen were put to work to quarry the stone. Building apparatus was subsequently loaned us, and the work of building greatly expedited and its quality enhanced, while the cost of erection was reduced by fully one-third. So cheaply were our splendid buildings erected that the state overseer when, after the completion of the hospital I asked him to estimate the value of the hospital building, estimated it double its actual cost.

A Substantial Building Economically Erected.

A solid cut stone two story building, built with lime and concrete floors throughout, with space for fifty-six patients complete in every way, cost only the sum of \$10,000. It was not surprising that the philanthropic donor, after seeing the photographs of the finished building, said that it was "the best investment he ever made." In many other ways this prime minister interested himself in our work. During the course of erection he came almost daily to see how it progressed,

brought his friends to meet us, and sent us scores of patients from among his personal acquaintances. In addition he made us several donations in appreciation of my services in the treatment of himself and family, and before retiring from service owing to continued ill health, secured to us in writing the exemption from certain taxes and the guarantee of the continued supply of building materials at reduced prices, materials which were entirely under state control.

Hospital Opening a Red-letter Day.

As our hospital neared completion it was decided to open it on the 4th of July, 1894. Accordingly invitations were sent to the state officials and other residents of Miraj and adjacent towns. A large ward up stairs was suitably decorated; a dais, chairs and carpets, kindly loaned by the state, gave the place the appearance of a pleasant reception hall. The Chief of Miraj was to declare the opening of the new hospital, the doors of which, until his arrival, were kept closed. The people assembled and awaited the arrival of the chief on the front verandah and the driveway leading to the building, when, in company with a young prince from an adjoining state, the Chief drove up in his carriage, attended by his outriders. As he came up the steps a silver key was presented to him by the ten-year-old son of one of our missionaries. The main door was then opened by the Chief. Entering the hallway, he unveiled the marble tablet bearing the following inscription: "Presbyterian Mission Hospital, erected and conducted by the Board of Foreign Missions of the Presbyterian Church in the U. S. A. The entire fund for the erection of this hospital, together with the adjoining out-door dispensary and physician's residence, was the munificent gift of John H. Converse, Esq., of Philadelphia, Pa., U. S. A. 'Inasmuch as ye have done it unto one of the least of these my brethren ye have done it unto Me.' Opened July 4th, 1894." The Chief, accompanied by the missionaries, native Christians and Hindu guests, now repaired to the ward up stairs. Then came the workmen who had labored on the buildings, then the villagers, who filled to overflowing

the verandahs and aisles. The Chief in a single sentence declared the building open. Then followed addresses, the principal one by the President of the Mission, Rev. J. P. Graham. His subject was the history and object of our mission work. It was a *multum in parvo* of the fundamentals of the gospel. It was, moreover, the open avowal that while the medical work to be carried on in the hospital would be second to none of its kind in the presidency, the supreme aim and object of that work would be the preaching of the gospel of Jesus Christ. The men who attended that meeting, by invitation, were not the sort of men who usually make up our audiences in mission chapels; yet they heard enough gospel that day to save any one among them who might have desired salvation.

Influence of the Work on the Prime Minister.

Mr. Graham's address, delivered in English, was then translated into Marathi by one of our native pastors for the benefit of the non-English speaking portion of the assembly. The ex-prime minister, our old friend, came from Poona, one hundred and sixty miles, to be present at the opening. At great risk to his life (he had serious heart disease) he made a friendly speech. His address, which was afterward published in several vernacular papers, was criticised by the Hindu press of Western India, because of its friendly expressions concerning our work and the cause of missions generally. In his address at the hospital opening, among other similar statements, he said, "The man who lives according to the teachings of the Bible cannot be anything but a good man." Mr. Chitray, the prime minister, took the trouble later to defend himself and Chief, who was also criticised for daring to declare the opening of a mission hospital in his own capital.

While under my medical care I had abundant opportunity of speaking to Mr. Chitray on spiritual things, and on one occasion presented him with an English Bible. Although he suffered daily from repeated and excruciating pain, he continued to read the Bible almost to the day of his death, two years later. His letters several

times referred to the comfort and help he had received from the reading of the Scriptures. He never openly confessed Christianity, and I do not even claim that he was a converted man, though his life was outwardly an exceptionally upright one, with a number of good qualities often lacking in professing Christians. But the influence of the gospel on his character was as striking as it was desirable. At his death he gave instructions that no heathen rites should be performed at his funeral. Being one of the best known natives in Western India, his friendly words and influence have, to our knowledge, helped a good many to a more kindly feeling towards the work of missions in general, apart from his interest in our own work at Miraj, and to a more unbiased consideration of the Christian religion.

A Prominent Hindu's Confession.

A few months ago before leaving India a prominent official of Miraj made this confession to me. Said he, "When you began your work here, because of the evident object of your medical work being to preach and teach the gospel, some of the Brahmins of the place, in their meetings, expressed their dislike to this phase of your work, and declared that they would not attend your dispensary. They tried also to dissuade others from going, but this only lasted for a short time. They saw that the lower castes were receiving benefits which they themselves were losing and they began to attend, at first singly, but now they mostly all go. Then they determined not to take your liquid medicines,"—fearing pollution from the water added by Christian hands—and I remember how that at first we were repeatedly asked for dry medicines. These Brahmins would say, "Give us the medicine dry and we will add our own water." We always treated this seeming but unintended offense with kind and firm refusal, stating that we always gave the most suitable remedy, and that it was to their advantage to accept without question what we offered, otherwise we could do nothing for them. "For a time," continued this Hindu, "they held out, but now they are glad of your liquid medicines." During our last year in India

I scarcely remember being asked for dry medicines, and more than that, they would often gladly accept liquid animal food prepared by us in the hospital, at their expense, though their prejudice regarding this in any form, is generally far more intense than it is with regard to the so-called polluted water. This Hindu then went on to say, "Having accepted your watered medicines they next declared that they would not attend your 'pothe' (preaching service, conducted previous to the giving out of medicines), first, because of their dislike to Christian teaching, and second, because of having to take their place and turn side by side with the lower classes, but now they go gladly and do what they would not have done a short time ago, viz., sit in touch with outcastes on the same benches and together with them listen to your preaching."

Teaching the Patients.

We endeavor to have every patient hear the gospel message either in this service, by personal conversation in the consulting room, or by daily instruction at the bedside while in the wards of the hospital. This morning service is conducted with the outdoor patients, and as many of the in-patients as are able, attend. The Christians meet and sing a hymn, a portion of Scripture is read and explained, and prayer is offered in behalf of the people, asking God's blessing upon the medicines prescribed for their relief and upon the gospel messages proclaimed for the cure of their spiritual sicknesses. The patients are then treated in the order in which they arrive, irrespective of their caste or position—of course we have sometimes to make exceptions to this rule in cases of severe pain or dangerous suffering. The catechist who is working among them as they assemble, usually continues his efforts after the service has ended and while they are awaiting their turn. Well, the Brahmins did not like this spiritual medicine thus given out in this service. How often I have seen them come around to the back entrance to the consulting room, and ask to be treated in advance of the dozens of lower castes who had been waiting for several hours, while

they had just arrived. As a rule in India, the Brahmin has always the precedence over a lower caste simply by virtue of his birth. He may go late to any charitable or government institution in charge of natives, and with others in waiting who may have for hours preceded him, he is admitted without delay. This caste rule would not hold with us. Remembering that we should honor those to whom honor is due, we taught didactically and thus practically, that God is no respecter of persons. We have cared for the lower classes with the same care that we exercised in the treatment of the more socially fortunate. This has often seemed in itself to those poor and down-trodden people, a matter of as great surprise as it has been to the Brahmins whose custom it has always been to ostracize and despise the lower caste who in turn has lived only to submit passively to the austerity and disrespect of the higher caste or ruling Brahmins. This plan has won for us thousands of friends among those despised classes for whom Christ died, and to whom He was wont first to go to. Continuing, this Brahmin Hindu said: "Your work is slowly but surely changing the feelings and sentiments of the people of Miraj concerning their own caste, and your religion, and their treatment of your work. We Hindus cannot shut our eyes to the fact that our people are losing faith in their idols, and the foolishness of their dead and superstitious religious systems."

Changes in Public Sentiment.

This change of feeling among the people of Miraj is also illustrated in the fact, that when we opened our hospital, we had to wait over a month before we could get any of the higher castes to come into the wards as in-patients; but within three months, there were from the highest to the lowest, side by side in the same ward at the same time, and receiving from our hands the same kindness and care and from our lips at their bedside the same gospel of love and salvation.

A Brahmin Patient.

Among those thus treated in the hospital was a prominent native official from an adjoining town,

who had previously been known to scoff at our teaching, at the same time despising our medical work. He had sought the advice of two English surgeons and several native physicians, but without relief. He heard of cases like his own having been cured, and, after arranging his business, came into the hospital for surgical treatment. During the two days he was being prepared for operation, he attended our services, and while walking about the hospital learned the Scripture text on the marble tablet in the hallway. The operation was successfully performed, and the next morning when I saw him for the first time after recovering from the chloroform, he greeted me with the words of the text he had learned by heart: "Inasmuch as ye have done it unto one of these the least, my brethren, ye have done it unto me." While with us the Brahmin read some Christian pamphlets, was taught at his bedside and attended our services. He left us with a confessedly changed view of the Christian religion, and gave us half a month's salary in appreciation of our medical services.

Affecting Gratitude.

The people are generally very appreciative of our kindness, and they have some amusing though sincere ways of expressing their gratitude. It is often with difficulty—even physical restraint is actually necessary sometimes—that we can prevent them from worshiping us, or from holding our feet with their hands while they prostrate themselves on the floor where we sit or stand. They often look upon us as gods, and our treatment, especially surgical operations, as miraculous. I once found a boy, upon whom I had performed an operation, sitting on the bed before his father, who was teaching him to regard me as a god and to worship me when I would enter the ward. Of course I had to stop there and endeavor to unteach what the father had taught his boy.

A Fish Incident.

A man whom I had relieved of a painful abscess by a slight stroke of the knife, afterward, in order to express his gratitude sat up "a whole night,"

as he said, to catch the solitary fish which he knew to be in a certain stagnant stream. He brought the fish to us in the morning, and out of consideration for him we accepted the fish, had it cooked and put on the table, though we knew it to be poisonous. I need hardly say that we merely tasted it, though we would have gladly eaten it were that possible.

Thank Offerings.

We are often presented sweetmeats, fruits, vegetables, chickens, eggs, etc., by the patients. One Sabbath morning a man took the novel method of expressing his gratitude for the cure of a relative in the hospital, by distributing sweetmeats to the congregation at the close of a morning preaching service.

A Huge Feast.

Another, a Mohammedan, whose wife was a purdah lady (Zenana woman), and who had had her thigh amputated in the hospital, gave us a breakfast one morning on our own table in our own bungalow. We supplied the dishes and he brought the food already cooked from his own home. The table was literally covered with the eighteen different dishes, all clean and temptingly prepared. Each dish was labeled with the vernacular name and the English translation. After the breakfast this man and his brother-in-law brought flowers and garlands and decorated us, at the same time perfuming us, according to their own pleasant custom on such occasions.

An Ignorant but Grateful Patient.

I remember another old Mohar, a low caste, who came to us in company with his son and daughter-in-law. The son had mortification of his whole leg up to the knee joint. The limb was amputated at the middle of the thigh and he recovered. These people remained with us two months and we tried to teach them the way of life and of the only Saviour. When they left us about the only thing the old father could remember of our teaching and express it in words was

the name of Jesus, so dense was his ignorance. This man was no more ignorant than tens of thousands of his class in India. Several months later, when we were residing at a hill station of the Mission, this old man and his son, who lived some twelve miles away, on hearing that we were there came to see us. The son with his one leg and crutches, and the old father came up to our verandah where we were sitting. The old man had on one arm a chicken and on the other a bundle of eggs and all his family idols. Setting them down on the verandah before us, he prostrated himself, and rising he said the hen and eggs were a gift, and the idols to show that he had kept his word when he promised that he would worship idols no longer, as he had no more faith in them.

A Semi-Christian Burial.

This man's daughter-in-law had died a month before, and, said the old father-in-law, "when her body was burned we did not want to perform the heathen practice at her funeral, and so we cast earth over her remaining ashes and took the name of Yasu (Jesus) and the doctor sahib." This old man was profoundly ignorant but he was appreciative of the kindness shown him, and I believe lived up to the light he had received. He was not baptized or received into any Christian church, as we did not consider him sufficiently instructed for Christian baptism, and yet he may be one of the Lord's own people. This old man's case is one of those cases which illustrate the unrecorded fruits of mission work, since not all who have forsaken their idols as the result of Christian teaching can be gathered into Christian churches.

Hindu Testimony.

The value of the medical mission is further illustrated by the following letter received from a prominent and wealthy native gentleman of Western India. His daughter, the widow of a Saradar (a hereditary state official), had been under our professional care for three years. Hearing of our purpose to leave India shortly on fur-

lough, he wrote expressing his regret at our departure. He said: "Who will deny your philanthropic efforts? Your kind heart, your untiring industry, your love of men, your true Christian virtue are indeed praiseworthy. You have greatly lessened human suffering by every means in your power. The spirit of Christianity lies solely in this. The more you do good to men the more you are Christian. Your religion is much more healthy and pure than most religions, and I hope God will grant you long life and prosperity."

Our medical work has opened the way for us and our helpers into hundreds of homes, scores of communities and numbers of villages, where, while we might have been tolerated apart from the influence of the medical work, for its sake we have often been warmly received. I myself have visited the homes of native chiefs and officials and several hundred others, often to treat their wives and children,* where, had I not been a physician I could never have entered. On one occasion after I had visited the palace of a native chief our colporteur entered and sold about twenty Christian books.

Medical Statistics.

During the five years of this medical mission we treated in our outdoor dispensary more than 44,000 patients, giving out an aggregate of over 125,000 prescriptions. During eight months after the opening of our new hospital, 256 in-patients, and during the one year our children's hospital was open, there were treated 124 in-patients. Since the opening of the work in Sangli, five years ago, 1,076 operations have been performed, over sixty of these on the eye, resulting in the restoration of sight to the blind. The amount of physical relief represented in these figures is in itself worthy of the spirit of the Great Physician, but more valuable and lasting in its blessings has been the preaching of the gospel.

Scattering the Seed Broadcast.

The number of patients treated by no means represents the number who have heard the gospel message through the agency of the dis-

dispensary and hospital. Patients coming for treatment usually bring one or more friends with them who, with themselves, are also taught the truth as it is in Jesus. We have sold a goodly number of books to these patients and their friends, and thousands of tracts have been distributed among them. Every patient who comes to the dispensary receives a leaflet which contains his register number. This tract contains suitably arranged scripture verses and a brief comparison of spiritual and physical disease. For the sake of the number which it contains this tract is kept by the patient and is brought again when the dispensary is visited. Very few of these people can read, but there is generally some one in the house or the community of the patient who can. I have often seen these patients or their friends reading these tracts aloud to others, sometimes a group of half a dozen who sit around listening. Thus we have scattered the Bread of Life far out upon the waters. During the five years nearly 1,000 different villages have been represented among our dispensary patients, many of these in districts that missionaries seldom enter, and hundreds from villages never yet visited by any missionary, and almost all without a single witness for Christ. The people have come to us from villages varying from 2 to 300 miles, and many have been treated from still more distant parts of India.

Tangible Christianity.

The people *come* to us and obviously they are more receptive than when we *go* to them. Thus, while we are constrained as debtors to the world to go to the world, they, in the relation of recipient, or in the expectation of kindness, come to us. Thus it is that our message has more weight and its reception is more warm and kind than when we bring to them also spiritual blessings. It is extremely difficult for people born in heathenism and trained in the worship of idols from their very infancy, with hundreds of years of idolatrous practices as their heritage, to appreciate the attributes of God, such as abstract love, grace, purity and perfect

holiness. They have been taught to *see* rather than *believe*, hence the 330,000,000 idols in India: but when, after the example of the Master we heal their diseases, they have placed before them *visible* love, grace, and truth; in short, practical Christianity, they are not slow to observe this something in the Christian and his life which is wholly lacking in the Hindu and Hinduism. Thus the Medical Mission is preparing the way not only for the entrance of the gospel, but for a great harvest ere long to be reaped. Hundreds of these people, having heard the truth again and again, have sufficient knowledge of the way of life in order to confession of Christ and baptism, but hold back for caste reasons. People have repeatedly promised us that they would no longer worship idols. They would say, "Our minds are full of the things you have taught us, and we believe in Jesus Christ, but we cannot yet break our caste and be baptized." Doubtless some say this to please us, but we have reason to believe that many are sincere.

Cost of Accepting Christ.

The following will illustrate how these people are bound by the iron chains of caste when many of them would be Christians. A young man, who had one time been a pupil in our mission high school, was taken sick while in Miraj away from his home. He remained as a patient in our hospital for ten days. During this time he received Christian instruction. Before he left us I invited him into my office and had a personal talk with him in order to ascertain the effect of our Christian teaching—a rule which I try to follow before in-patients return to their homes. I was surprised to find that this young man was well acquainted with the scriptures, and at his statement that he not only had thrown away his idols but confessed to be a believer in Jesus Christ as the true and only Saviour. He stated further that he had gone so far as to read and teach the Bible in his own family, and that he prayed in the name of Jesus. He believed that Christ had pardoned his sins, and that although he had not been baptized, he was

at heart a Christian. I tried to show him his duty with regard to baptism, and having quoted to him scriptures bearing on this subject, with which he was evidently unfamiliar, he finally said that he fully intended to be baptized some day, but that out of regard for his family he must defer that step for the present. Said he, "I was married in childhood, a circumstance for which I am not to blame. I love my wife and three children. I respect my parents, in whose house I live. I am still a student and have a government scholarship, which supports myself and family. I may do as I have said I do in my own home and this is tolerated, but to take the open step of public baptism now simply means that I would be immediately ostracized, an outcaste from my home and family, my wife and children would be torn from me, my only legitimate means of support would be cut off forthwith, and I left a homeless beggar on the street." I tried to show this young man that his duty to Christ required a willingness to forsake all for His sake, but his answer was that he did not believe that the spirit of Christ's teaching would require his public baptism under the conditions which then surrounded him. This young man's position is that of hundreds in India whom caste influence restrains from taking the open step of public baptism. These I believe are the part of the harvest soon to be reaped, since it is the result of long and faithful sowing of the precious seed of God's word, which He has promised will not return void.

Caste the Great Barrier.

Since caste is the chief barrier to the public confession of Christ in India, anything that in any way modifies its restraints or removes its prejudices, is not only paving the way for the preaching of the gospel, but is in itself a destroyer of the conditions which prevent the public renunciation of heathenism and the acceptance of Christianity. The Medical Mission is pre-eminently a caste leveler, and as such is not only an appealing instrument in the proclamation of Bible teaching,

but is in addition, by destroying caste and by disarming its objection to Christianity, a preparer of the way for the acceptance of the truth which it seeks to inculcate.

Prayer India's Great Need.

What India needs most is the faithful, persistent and fervent prayer of God's own people for the mighty outpouring of the Holy Spirit; first upon the missionaries who preach, and secondly upon the Word often and earnestly preached, that the blade of acknowledgment now appearing may speedily ripen into the full ear of confession and acceptance of Christ as Lord and King by the many whom Satan now hinders through the influence of his pernicious system of caste.

Visible Fruit and Self-support.

The work at Miraj is not wanting in tangible results. When we went there, there was not a Christian. A church with eighteen members now exists in connection with the medical work. Three years ago all was darkness.

Not least among the considerations which commend this work is its self-supporting quality. We receive neither state nor government aid, yet the gifts and offerings of the people for the medical treatment received have yearly increased, until at the end of the last complete fiscal year I was in India they amounted to two-thirds of the total cost of medicines and native medical help. Apart from state or government aid this cannot be said of any other form of mission work in India.

Physical Needs and the Opened Door.

Let us look for a moment at the physical needs of Medical Missionary work in India. To meet only these physical needs, without reference to the spiritual side, would in itself be a noble and Christlike undertaking, but how much better are the physical needs met, when, as the Medical Mission opens to us the opportunity of evangelization, we carry with it the only remedy for the sin-sick soul. There exists among Christians in home

lands a prevalent impression that India is well supplied with doctors. Compared with some heathen countries this is certainly true, owing, of course, to the presence in India of a large number of British government surgeons. It is also a fact, however, that the majority of these civil surgeons reside in the large cities and cantonment centers, where they are occupied with the care of the British and native troops and army work in general. Others there are who have the care of the European residents and the superintendence of medical work in their districts, in addition to sanitary inspection. A few only give most of their time, in a score or more of the large cities, to actual practice in the hospitals for natives. So that the bulk of the medical work for natives is done by natives, generally, in the British territory under the inspection of British medical officers, while in the native state, where 67,000,000 of the people of India live, there is very little British superintendence. There are thousands of villages in India varying from 1,000 to 10,000 where it is quite impossible to secure medical aid except from the native quacks. In the most thickly populated district in India less than 5% of the people live within five miles of an educated physician, native or foreign. It is doubtful if 2% live within twenty-five miles of a European physician, much less a missionary physician. Obviously then in the remote villages and districts, especially in the native states, the Medical Mission finds its greatest field of usefulness. The Medical Mission of the Western India Mission is the only institution of its kind, to our knowledge, in the Bombay Presidency between Poona and Bangalore, a distance of nearly 500 miles, and there is no civil surgeon in active practice among natives nearer than 75 miles.

Caste Physicians.

But what of the educated native physicians who do the most of the medical work done for natives? They are usually Brahmins or men of high castes, educated in English medicine in the medical colleges of Bombay, Calcutta and Madras.

These men, though their education is western, adhere to their caste practices, which prevent them very often from coming in sufficiently close contact with the people, especially the middle and depressed classes, to efficiently treat them, while at the same time they are mostly men of inferior qualifications compared with the physician who has the advantage of receiving his medical education through the medium of his mother tongue. Largely as the result of the Brahmin doctors' caste, there exists a strong and well grounded prejudice among the lower classes regarding dispensaries controlled by these high caste native physicians. So strong is the feeling that invariably the middle and low caste natives prefer medicine from our ordained missionaries rather than go to the professional native doctor. I have known men repeatedly refuse to attend a state dispensary. One man said he would as soon die as go there for treatment. A British political officer once said to me that it was with the greatest difficulty that he could get his native assistants to attend a government dispensary, remarking at the same time that they went willingly to the mission dispensary.

Despicable Treatment of Low Castes.

A low caste man goes to a state dispensary for treatment; while standing at the door, or several feet away from the doctor, he is asked to put out his tongue and another question or two asked: if he is an outcaste his pulse will not even be felt. The doctor, unwilling to touch him, will write a prescription and send him off, often without any idea of the nature of his disease. Even the medicine will vary in quality according to the patient's ability to fee the doctor, who is himself a salaried officer. To illustrate what I have just said: there was brought to us, soon after our arrival in India, a dreadful sufferer with acute mortification of the whole right leg up to the knee. The case demanded immediate amputation. We had not at that time a suitable place in which to perform the operation or to put the patient. I wrote a note to the doc-

tor in charge of the state dispensary, asking that the man be admitted as an in-patient, and offering my services in the treatment of the case, should they be found necessary. This dispensary contained six beds, which I knew to be all unoccupied at this time. The patient was a low caste, and, because of that fact, he was put upon the floor, while the six beds remained vacant. A compounder was delegated to amputate the limb (the doctor meanwhile had gone out to dine), and he simply cut off the leg at a point below that to which the disease had extended. Of course the stump did not bleed; it was completely mortified—a bloodless amputation! The man was put back upon the floor where he actually rotted to death, and after the so-called operation, nothing whatever was done for his relief. In the published records of this dispensary for 1894, appeared the following interesting entry: “In-patients treated, one; in-patients cured, one; percentage of cures, 100%.”

A Great Field.

Is there not a tremendous field for medical missionary work in India? Is it surprising that the Christian physician is sought in preference to the Hindu doctor? And is it strange also that the depressed classes in India flock to the mission dispensary, often themselves astonished that they will receive the same kind and faithful treatment that the higher caste man receives? And is it any cause for wonder in all this, that God has opened unto us a magnificent field in which to preach the Kingdom of God and to heal the sick? A magnificent field! Yes, but with it God puts upon us a stupendous responsibility. “Freely ye have received, freely give.” This is the spirit of the gospel speaking to us with regard to the physical and spiritual needs of the heathen in India. Why, then, is it that so little is given comparatively to extend this Christ-like work abroad, while churches and states, having proved its worth, spend millions upon it annually at home?

What it Costs.

A bed supported for a year in our Miraj hospital costs only one-sixth (\$50) of a bed in a hos-

pital at home, and is only one-third the cost of the cheapest government hospital in India. Why so many Christian physicians at home—one to every six hundred people in New York—many of whom do not average a patient a day, while he might have scores the first week in India and more than he could possibly treat afterward?

Proposed Medical Class for Christian Evangelists.

Another word in closing. God has not only used medical missions in India through the agency of foreign missionary physicians alone, but connected with and trained in several medical missions in India are native Christian assistants whose labors have been blessed in the opening of new stations and the conversion of many souls, resulting in not a few instances also in the organization of churches. There is no such Medical Missionary training school in Western India among the sixteen millions of Maratha speaking people. It has been decided to organize such a class with the Medical Mission at Miraj. The plan is to train suitable Christian men as medical assistants or catechists and to send them out in company with the native evangelists to distant villages, where together they will go throughout all the villages preaching the gospel and healing the sick. The prayers of God's children are requested that His richest blessing may rest upon this new *department* and for all the work of Medical Missions, that those connected with them may be men of the Holy Ghost, and that in all their work of physical relief the one great aim may ever be kept uppermost, viz., the salvation of souls and the glory of God.